

SHERIFF'S DEPARTMENT

DELAWARE COUNTY

DELAWARE COUNTY
FRONT STREET & VETERANS SQUARE, MEDIA, PENNSYLVANIA 19063 (610) 891-4286

| SHERIFF SERVICE PROCESS RECEIPT, and AFFIDAVIT OF RETURN | | INSTRUCTIONS FOR SERVICE OF PROCESS: You must file one instruction sheet for each defendant. Please type. Do Not detach any copies. | | |
|---|--|--|----------------|-----------------------------|
| 1. PLAINTIFF/S/ CARPENTERS PENSION AND ANNUITY FUND | | 2. COURT NUMBER 02-cv-04548-JF 02-4548 | | |
| 3. DEFENDANT/S/ WILLIAM MURPHY | | 4. TYPE OF WRIT OR COMPLAINT Writ of Revival | | |
| SERVE  AT | | 5. NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVICE WILLIAM MURPHY 6. ADDRESS (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code) 1127 Wilson Drive, Upper Darby, PA | | |
| 7. INDICATE UNUSUAL SERVICE: <input type="checkbox"/> REG MAIL <input type="checkbox"/> DEPUTIZE <input type="checkbox"/> POST <input type="checkbox"/> OTHER | | | | |
| Now, 20 , I, SHERIFF OF DELAWARE COUNTY, PA., do hereby depose the Sheriff of County to execute this Writ and make return thereof according to law. This deputation being made at the request and risk of the plaintiff. | | | | |
| 8. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE <div style="float: right; margin-right: 10px;">SHERIFF OF DELAWARE COUNTY</div> <div style="clear: both; margin-top: 10px;"> <p style="text-align: right;">Deputy Sheriff 1441299</p> <p style="text-align: right;">Invoice No. 49.60PD</p> <p style="text-align: right;">Amount Pd. 100%</p> <p style="text-align: right;">Docket #</p> <p style="text-align: right;">Page</p> </div> | | | | |
| NOTE ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN — Any deputy sheriff levying upon or attaching any property under within writ may leave same without a watchman, in custody of whomever is found in possession, after notifying person of levy or attachment, without liability on the part of such deputy or the sheriff to any plaintiff herein for any loss, destruction or removal of any such property before sheriff's sale thereof. | | | | |
| 9. PRINT/TYPE NAME AND ADDRESS OF ATTORNEY/ORIGINATOR | | 10. TELEPHONE NUMBER | 11. DATE | |
| DAWN M. COSTA, ESQ. / Jennings Sigmond, P.C. 510 Walnut St., 16th Fl., Philadelphia, PA 19106 | | 215-351-0616 | 04/01/2008 | |
| 12. SIGNATURE | | | | |
| SPACE BELOW FOR USE OF SHERIFF ONLY — DO NOT WRITE BELOW THIS LINE | | | | |
| 13. I acknowledge receipt of the writ or complaint as indicated above | | SIGNATURE of Authorized DCSD Deputy or Clerk and Title <i>COSTA, 3/21/08 30days</i> | 14. Date Filed | 15. Expiration/Leasing date |
| TO BE COMPLETED BY SHERIFF 16. Served and made known to _____ on the 9/11 day of _____ at _____ Defendant(s) WILLIAM MURPHY o'clock, P. M., Street, County of Delaware. | | | | |
| Commonwealth of Pennsylvania, in the manner described below: <input type="checkbox"/> Defendant(s) personally served. <input type="checkbox"/> Adult family member with whom said Defendant(s) reside(s). Relationship is _____ <input type="checkbox"/> Adult in charge of Defendant's residence. <input type="checkbox"/> Manager/Clerk of place of lodging in which Defendant(s) reside(s). <input type="checkbox"/> Agent or person in charge of Defendant's office or usual place of business. <input type="checkbox"/> Posted _____ <input type="checkbox"/> Other _____ | | | | |
| On the _____ day of _____, 20_____, at _____ o'clock, _____ M. Defendant not found because: <input type="checkbox"/> Moved <input type="checkbox"/> Unknown <input type="checkbox"/> No Answer <input type="checkbox"/> Vacant <input type="checkbox"/> Other _____ | | | | |
| REMARKS: | | | | |
| RETURNED: | | | | |
| 17. AFFIRMED and subscribed to before me this 11th day of April , 2008 20. day of April , 2008 23. Matthew E. McGinn Notary Public | | | | |
| 18. Signature of Plaintiff 19. Date _____ 20. Signature of Sheriff _____ 21. Signature of Sherriff _____ 22. Date _____ | | | | |
| JOSEPH F. McGINN, SHERIFF OF DELAWARE COUNTY MY COMMISSION EXPIRES 24. I ACKNOWLEDGE RECEIPT OF THE SHERIFF'S RETURN SIGNATURE OF AUTHORIZED ISSUING AUTHORITY AND TITLE. | | | | |
| 25. Date Received _____ | | | | |

DCSD-1 COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

25 Date Received

NOTARIAL SEAL

NOTARIAL SEAL
KATHLEEN E. McCUEN, Notary Public
Media Boro., Delaware County
My Commission Expires April 7, 2010

1. ISSUING AUTHORITY